

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$645.75 for date of service 01/09/02.
- b. The request was received on 07/23/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Request for Resolution in the Table of Disputed Services
 - b. HCFAs
 - c. TWCC 62 forms
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Based on Commission Rule 133.307 (g) (4), the Division notified the insurance carrier Austin Representative of their copy of the request on 08/27/02. The Respondent did not submit a response to the request. The "No Response Submitted" sheet is reflected in Exhibit II of the Commission's case file.
3. A Letter Requesting Additional Information is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Table of Disputed Table states:

"We feel that we are due full and total reimbursement for D.M.E. provided to this patient. This equipment was pre-authorized for 'purchase' and No [sic] negotiations were made for a reduced purchase price prior to rendering service. We are requesting the remaining balance be paid in full with accruing interest. We were not paid at the Full-billed amount, which is billed at a Fair and Reasonable Rate."
2. Respondent: No response found in the case file.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 01/09/02.
2. The denial code listed on the EOB is “TR46 C- REIMBURSED IN ACCORDANCE WITH A SPECIAL ARRANGEMENT. TX50-F-PER THE TEXAS FEE GUIDELINE, PREAUTHORIZATION IS REQUIRED FOR PHYSICAL OR OCCUPATIONAL THERAPY PAST EIGHT WEEKS OF TREATMENT.”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
01/09/02	L1858	\$1,530.00	\$962.25	A,C	DOP	TWCC 134.600 (h)(11)	The carrier denied services as TX50-preauthorization is required and TR46-C reimbursed with a special arrangement. There is a contractual dispute regarding a pre-negotiated contract with a preferred provider organization. The Commission's Medical Review Division does not have jurisdiction in medical disputes involving contract disputes between a healthcare provider and insurance company. Pre-authorization was obtained 12/13/01 for CPT code L1858 per preauthorization number CU062726 submitted by the provider in their dispute packet. Since the carrier reimbursed the provider based on an alleged contract, Medical Review cannot order additional reimbursement based on this disputed issue. Neither the provider nor the carrier produced evidence that neither supports/or denies their positions. Therefore additional reimbursement is not recommended.
01/09/02	97504	\$150.00	\$72.00	A,C	No MAR	TWCC 133.1(C)	The referenced rule states: “Complete medical bill—A medical bill that: includes correct billing codes from Commission fee guidelines in effect on the date(s) of service...” The provider submitted a HCFA with CPT code 97504 and on the Table of Disputed Services. Even though the carrier reimbursed for CPT code 97500 on the submitted TWCC-62, the HCFA contains a CPT code that is not reflected in the MFG. Due to improper coding additional reimbursement is not recommended.
Totals		\$1,680.00	\$1034.25				The Requestor is not entitled to additional reimbursement.

The above Findings and Decision are hereby issued this 19th day of December 2002.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

Mb/mb